



FENTANYL AND OVERDOSE: HARM REDUCTION STRATEGIES

Kirsten Forseth, MPH
Overdose Prevention Policy Analyst
Maryland DHMH / Behavioral Health Administration
December 20, 2016



Webinar Outline

- Fentanyl and Recent Changes in Drug Supply and Demand
- Fentanyl in Maryland – an Overview of the Data
- Harm Reduction 101
- Harm Reduction Strategies Related to Fentanyl



FENTANYL AND RECENT CHANGES IN DRUG SUPPLY AND DEMAND



What is Fentanyl?

- Fentanyl is a synthetic opioid
 - It is made from chemicals in laboratories, unlike heroin, which is produced from the poppy plant
- Introduced into medical practice as an intravenous anesthetic under the trade name of Sublimaze in the 1960s
- Used medically as an analgesic and anesthetic
- Schedule II substance under the Controlled Substances Act

Drug Enforcement Administration, Office of Diversion Control, Drug & Chemical Evaluation Section. Fentanyl. March 2015.
https://www.dea/diversion.usdoj.gov/drug_chem_info/fentanyl.pdf

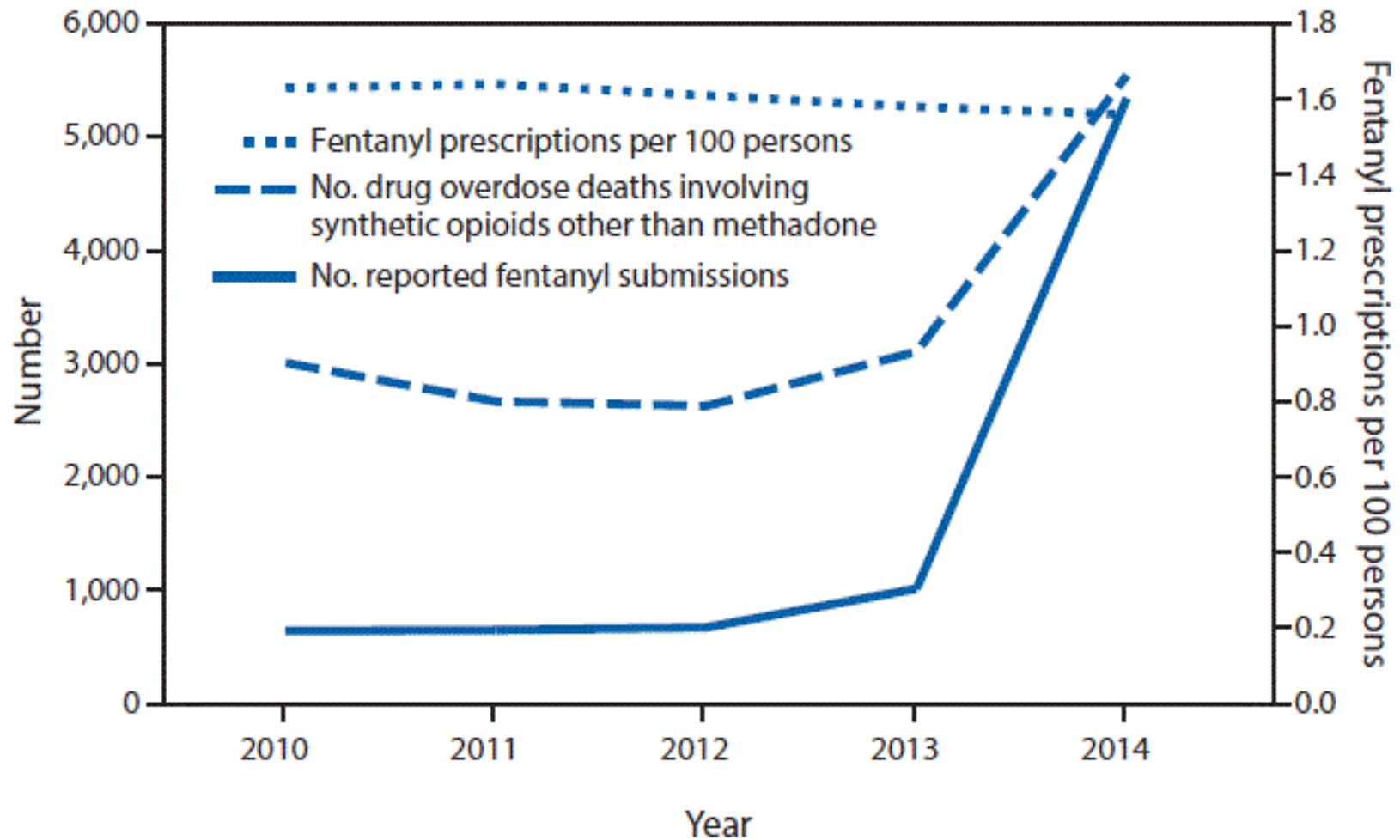


What is Fentanyl?

- Pure fentanyl is extremely potent
 - About 100 times more potent than morphine
 - 30 – 40 times stronger than heroin by weight
- Fentanyl has high lipid solubility, meaning it rapidly crosses the blood-brain barrier, producing:
 - Rapid onset
 - Short duration of effects
- Biological effects are similar to those of heroin:
 - Euphoria
 - Analgesia
 - Sedation
 - Respiratory depression
 - Nausea
 - Vomiting



Illicitly Manufactured Fentanyl Drives Current Increase in Overdose Deaths



Gladden RM, Martinez P, Seth P. Fentanyl Law Enforcement Submissions and Increases in Synthetic Opioid-Involved Overdose Deaths – 27 States, 2013-2014. MMWR.



Other Synthetic Opioids

Fentanyl analogues:

- Acetyl fentanyl
- Furanyl-fentanyl
- Butyryl-fentanyl
- 3-methylfentanyl
- Acrylfentanyl
- Despropionyl fentanyl
- Carfentanil

Other synthetic opioids:

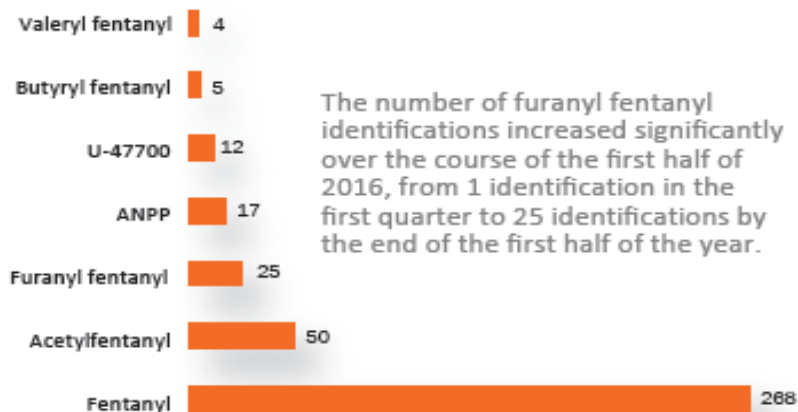
- U-47700: synthetic μ -opioid agonist developed in the 1970s, potency estimated to be 7-8 times that of morphine
- W-18: first developed in 1981 at the University of Alberta as a possible analgesic drug, considered a potentially dangerous analgesic that can be sold as an opioid or mixed in drugs that are claimed to be opioids



Fentanyl and Analogues

OPIOIDS/ ANALGESICS

FENTANYL ACCOUNTED FOR APPROXIMATELY **70%** OF THE OPIOID IDENTIFICATIONS. OF THE **268** FENTANYL IDENTIFICATIONS, FENTANYL WAS FOUND AS THE ONLY CONTROLLED SUBSTANCE IN APPROXIMATELY **50%** OF THE IDENTIFICATIONS AND WAS FOUND IN COMBINATION WITH HEROIN IN **33%** OF THE IDENTIFICATIONS. ACETYLFENTANYL WAS THE NEXT MOST PROMINENT OPIOID ACCOUNTING FOR **13%** OF THE IDENTIFICATIONS.



Drug Enforcement Administration. Emerging Threat Report Mid-Year 2016.

<https://ndews.umd.edu/sites/ndews.umd.edu/files/pubs/emergingthreatreport2016mid-year.pdf>



Historical Context

2005 – 2007 fentanyl outbreak:

- Affected six states and local jurisdictions
- Most of the implicated fentanyl was mixed with heroin or cocaine, sold as a street drug, and used as an injection
- During April 4, 2005--March 28, 2007, the CDC/DEA surveillance system identified 1,013 NPF-related deaths
- Fueled by a single clandestine laboratory in Toluca, Mexico

Centers for Disease Control and Prevention. MMWR Weekly. Nonpharmaceutical Fentanyl-Related Deaths – Multiple States, April 2005 – March 2007. July 25, 2008. 57(29);93-796. <https://www.cdc.gov/MMWR/preview/mmwrhtml/mm5729a1.htm>



Current Situation

The current fentanyl crisis in North America is considered to have started around 2013:

- June 2013: Alert issued by the Canadian Community Epidemiology Network on Drug Use (CCENDU) in June 2013
- 2014: Maryland DHMH issues alert in January, publishes data brief in July
- March 2015: DEA issues warning of a significant resurgence in fentanyl-related seizures; fentanyl and 15 other fentanyl-related compounds identified
- October 2015: CDC issues warning of increases in fentanyl-related overdose deaths in multiple states

Canadian Centre on Substance Abuse. CCENDU Drug Alert. Illicit Fentanyl. June 2013. <http://www.ccsa.ca/Resource%20Library/CCSA-CCENDU-Drug-Alert-Illicit-Fentanyl-2013-en.pdf>

DHMH Warns of Potent and Deadly Drug Combination. Department of Health and Mental Hygiene. January 31, 2014. <http://dhmh.maryland.gov/newsroom/Pages/DHMH-Warns-of-Potent-and-Deadly-Drug-Combination.aspx>

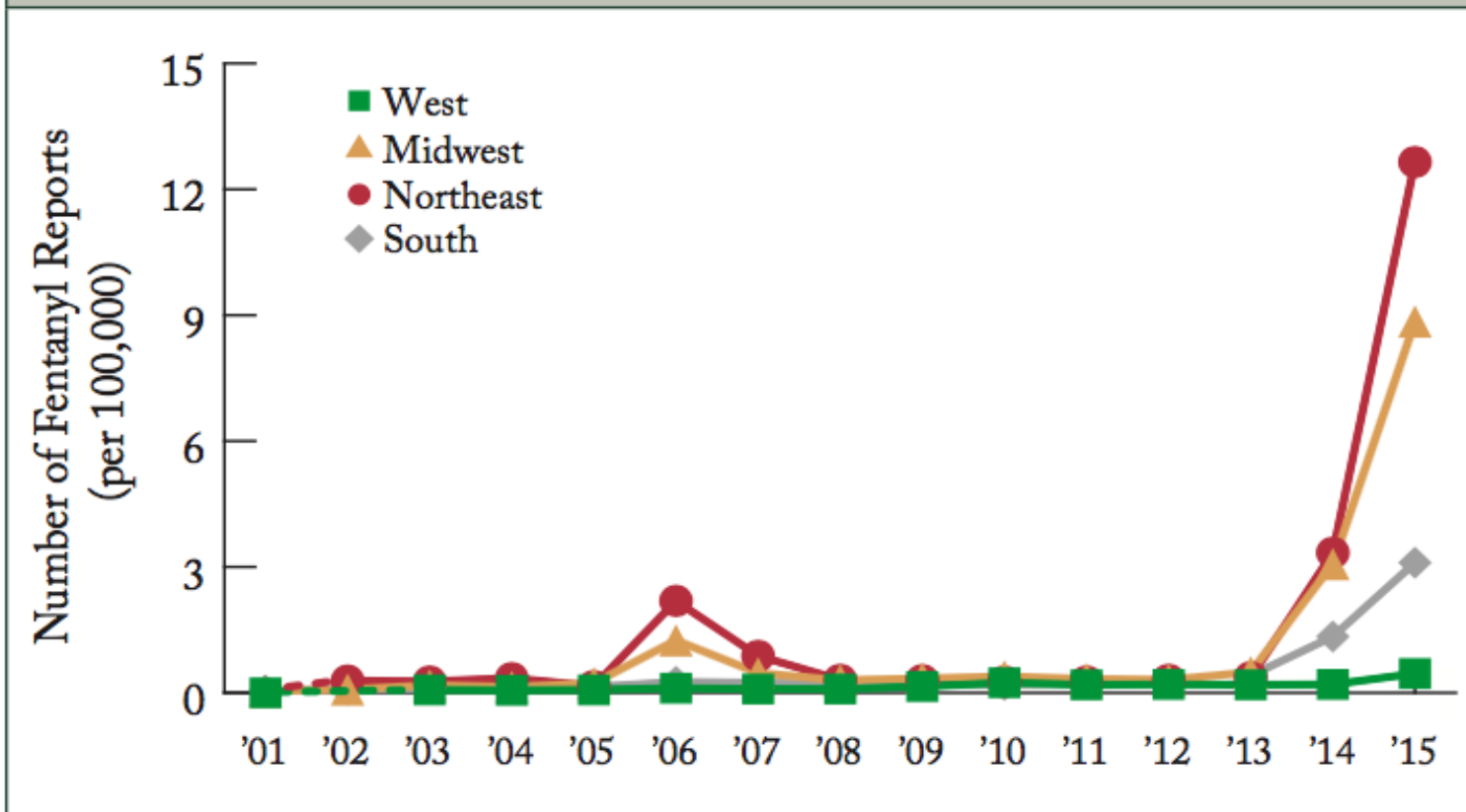
Deaths Related to Fentanyl-Laced Heroin and Other Illicit Drugs. Department of Health and Mental Hygiene. July 2014. http://dhmh.maryland.gov/data/Documents/fentanyl%20brief_draft.pdf

Drug Enforcement Administration. DEA Issues Nationwide Alert on Fentanyl as Threat to Health and Public Safety. March 18, 2015. <http://www.dea.gov/divisions/hq/2015/hq031815.shtml>

Centers for Disease Control and Prevention. Increases in Fentanyl Drug Confiscations and Fentanyl-related Overdose Fatalities. HAN Health Advisory. October 26, 2015. <https://emergency.cdc.gov/han/han00384.asp>



Figure 1.9 Regional trends in fentanyl reported per 100,000 persons aged 15 or older, January 2001–December 2015¹



U.S. Department of Justice Drug Enforcement Administration Diversion Control Division. National Forensic Laboratory Information System 2015 Annual Report. September 2016.

<https://www.nflis.dea.diversion.usdoj.gov/DesktopModules/ReportDownloads/Reports/NFLIS2015AR.pdf>



Current Situation

Counterfeit Prescription Pills Containing Fentanyls: A Global Threat

July 2016:

DEA issues warning that hundreds of thousands of counterfeit prescription pills, some containing deadly amounts of fentanyls, have been introduced into U.S. drug markets, exacerbating the fentanyl and opioid crisis.

Drug Enforcement Administration. Counterfeit Prescription Pills Containing Fentanyls: A Global Threat. DEA Intelligence Brief. July 2016.

https://content.govdelivery.com/attachments/USDOJDEA/2016/07/22/file_attachments/590360/fentanyl%2Bpills%2Breport.pdf



Current Situation

August 2016:

CDC issues a health alert, warning of:

- 1) A sharp increase in the availability of counterfeit pills containing varying amounts of fentanyl and fentanyl-related compounds (Oxycodone, Xanax, and Norco);
- 2) The potential for such counterfeit pills to be broadly distributed across the U.S., which could impact states not previously impacted by fentanyl and persons using diverted prescription pills;
- 3) The widening array of toxic fentanyl-related compounds being mixed with heroin or sold as heroin, including extremely toxic analogs such as carfentanil; and
- 4) Continued increases in the supply and distribution of illicitly manufactured fentanyl

Centers for Disease Prevention and Control. Influx of Fentanyl-laced Counterfeit Pills and Toxic Fentanyl-related Compounds Further Increases Risk of Fentanyl-related Overdose and Fatalities. HAN Health Advisory. August 25, 2016.
<https://emergency.cdc.gov/han/han00395.asp>



Difference Between Previous and Current Outbreaks

- Addition of wholesale counterfeit prescription medications
- Complex global reach
- Fueled by China-sourced fentanyl and fentanyl precursor-chemicals sold to various individuals and organizations responsible for fentanyl processing and distribution
- The seizures of fentanyl-laced pills and clandestine pill press operations all across North America indicate that this is becoming a trend, not a series of isolated incidents

Drug Enforcement Administration. Counterfeit Prescription Pills Containing Fentanyls: A Global Threat. DEA Intelligence Brief. July 2016.

https://content.govdelivery.com/attachments/USDOJDEA/2016/07/22/file_attachments/590360/fentanyl%2Bpills%2Breport.pdf



Source of Illicitly Manufactured Fentanyl

- Chinese laboratory companies are the main producers of non-pharmaceutical fentanyl and fentanyl precursor chemicals, as well as industrial pill presses used in tableting fentanyls
- Fentanyl and fentanyl precursor chemicals are shipped to a variety of places in North America
- Drug traffickers obtain fentanyl and mix it into heroin or press it into pills on their own. This occurs at a variety of locations such as hotel rooms or homes, sometimes known as fentanyl "mills"

Drug Enforcement Administration. Counterfeit Prescription Pills Containing Fentanyls: A Global Threat. DEA Intelligence Brief. July 2016.

https://content.govdelivery.com/attachments/USDOJDEA/2016/07/22/file_attachments/590360/fentanyl%2Bpills%2Breport.pdf



Backdrop of Prescription Opioid and Heroin Use

In 1991, health professionals wrote
76 MILLION
opioid prescriptions
in the U.S.



In 2011, they wrote
219 MILLION.



In **12 STATES**, the
number of prescriptions
written for painkillers
exceeded the number of
people in the state.

Meanwhile, Mexican
heroin production
increased from

8 METRIC TONS
TO  **50 METRIC TONS**
between 2005 and 2009.

Source: National Institute on Drug Abuse



MARYLAND
DEPARTMENT OF HEALTH
& MENTAL HYGIENE

Backdrop of Prescription Opioid and Heroin Use



EACH DAY:

3,900

People initiate nonmedical use of prescription opioids for the first time.

580

People use heroin for the first time.



78

People die from an opioid-related overdose.

Source: U.S. Department of Health and Human Services



Multiple Factors Worsen Current Epidemic

- Large number of nonmedical prescription drug users = high demand incentivizing drug traffickers to create counterfeit pills
- Prescription pill use has fewer stigmas and can attract new, inexperienced drug users, creating more fentanyl-dependent individuals
- Change in heroin distribution innovations and new distribution models – heroin being marketed by entrepreneurs in a way that gets it into smaller cities, such as Gary, Madison, Memphis, Minneapolis, Cleveland
- Heroin becoming initial drug of choice? Because of new market strategies and expanded supply



How Does Fentanyl Increase Overdose Risk?

Properties of Fentanyl	Impact on Overdose Risk
High potency	Greater toxicity, extremely small dose can be lethal
Rapid onset	Overdose can occur more suddenly, narrowing the window for intervention
Short duration of effects	Need for more frequent dosing, increased overdose risk with each episode of use
White powder	May be undetectable when mixed with heroin or pressed into pills



How Does Fentanyl Increase Overdose Risk?

Nature of illicit drug supply:

Fentanyl purchased in the illicit market is mixed with bulking agents designed to increase the volume of product without increasing the amount of active ingredient. However, clandestine labs or illicit pill pressing operations have difficulty distributing the active substance evenly across an entire batch of tablets or powders, particularly when the active dose is very small, as with fentanyl. The result is an uneven distribution of active substance, which means that **some tablets or powders might contain a small quantity of the active substance, while other tablets or powders might contain a lethal dose.**

Canadian Centre on Substance Abuse Bulletin. Novel Synthetic Opioids in Counterfeit Pharmaceuticals and Other Illicit Street Drugs. June 2016. <http://www.ccsa.ca/Resource%20Library/CCSA-CCENDU-Novel-Synthetic-Opioids-Bulletin-2016-en.pdf>





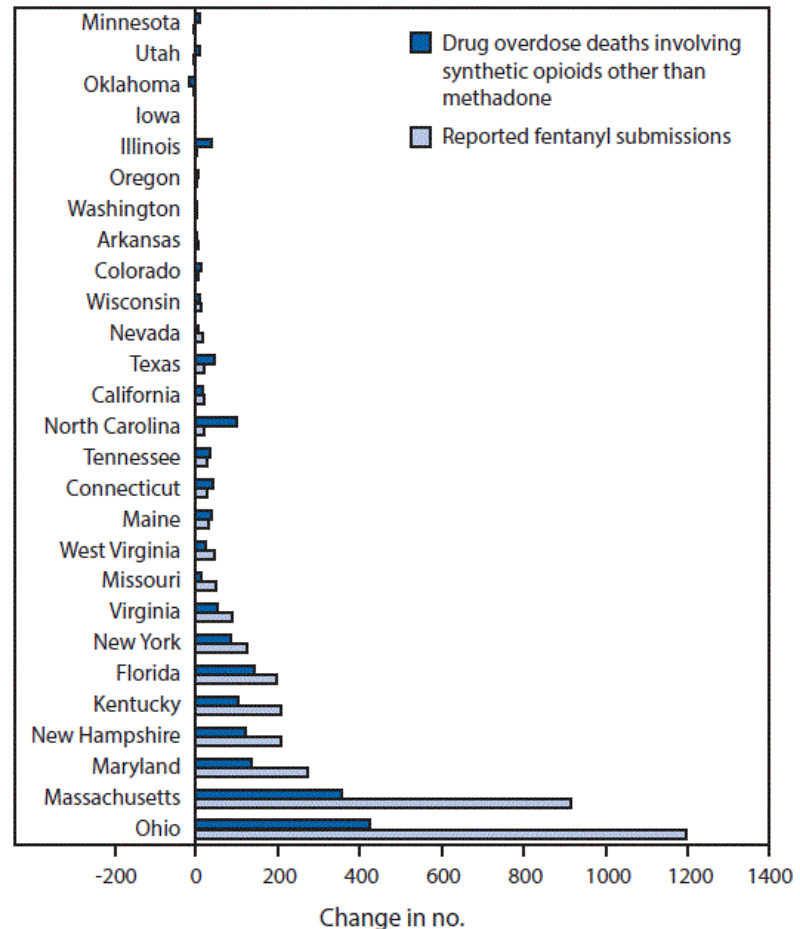
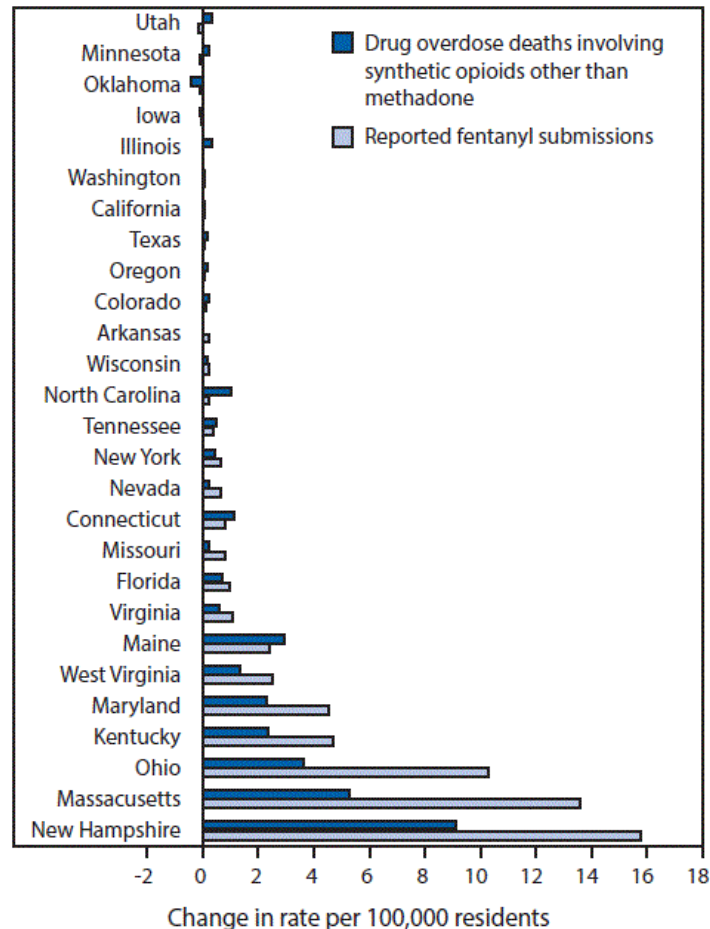
New Hampshire State Police Forensic Laboratory



FENTANYL IN MARYLAND – AN OVERVIEW OF THE DATA



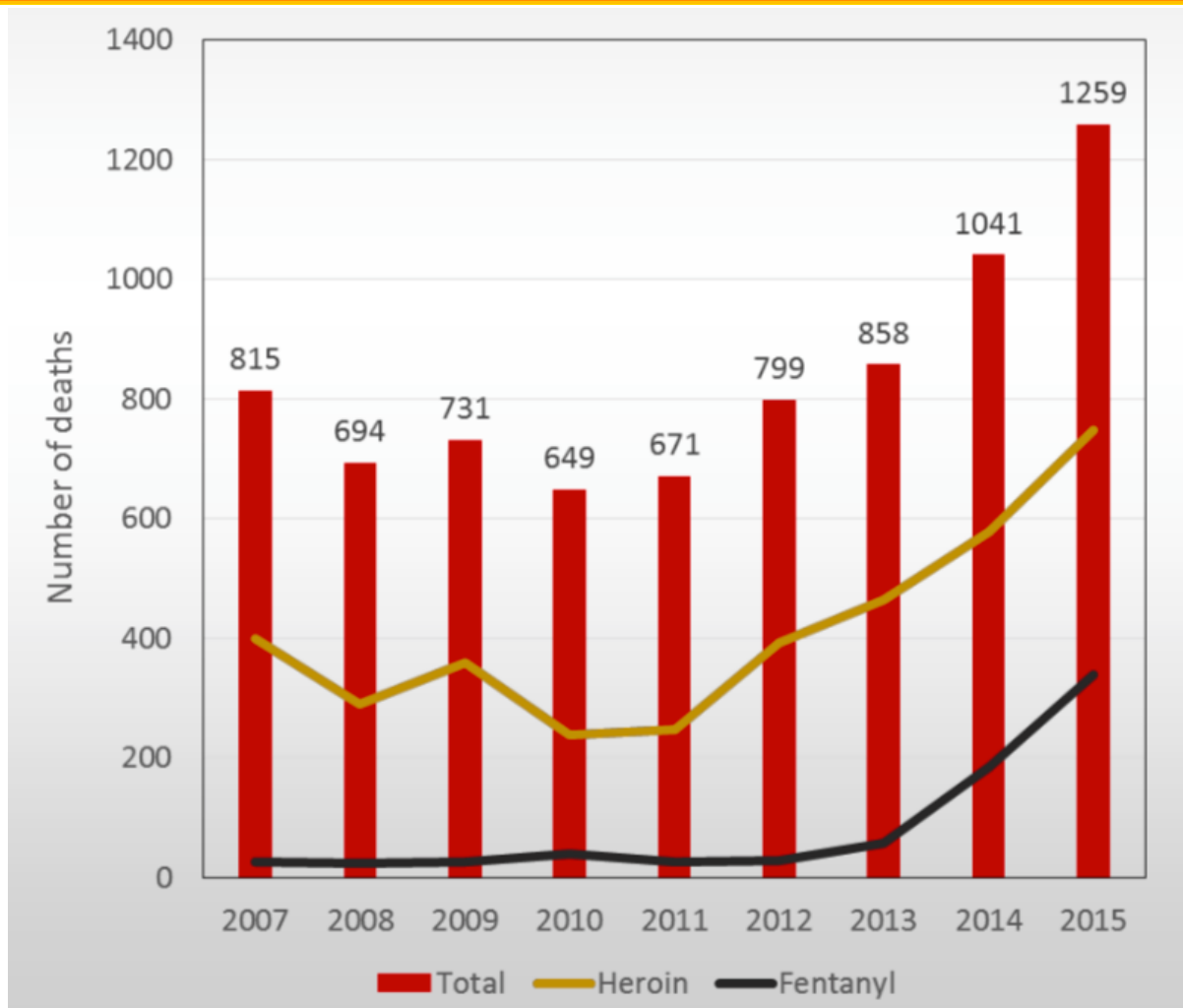
Changes in Fentanyl Detection and Related Deaths, 2013 - 2014



Gladden RM, Martinez P, Seth P. Fentanyl Law Enforcement Submissions and Increases in Synthetic Opioid-Involved Overdose Deaths – 27 States, 2013-2014. MMWR.



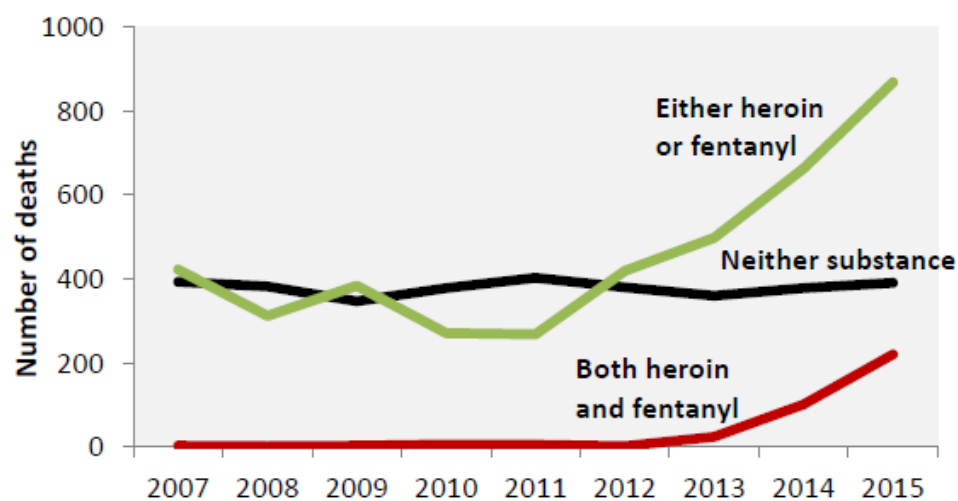
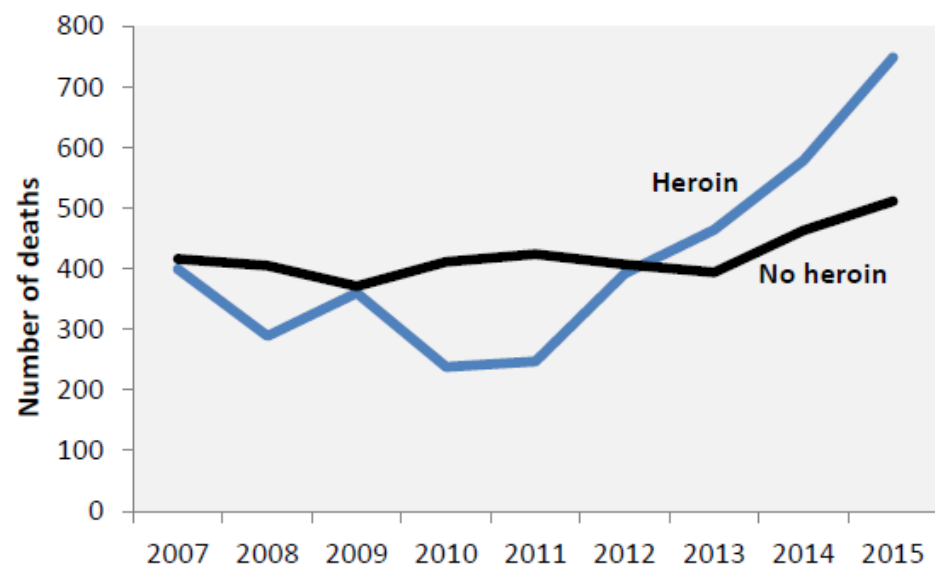
Maryland: Drug- and Alcohol-Related Intoxication Deaths, 2007 - 2015



Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2015. Department of Health and Mental Hygiene.
http://bha.dhmh.maryland.gov/OVERDOSE_PREVENTION/Documents/2015%20Annual%20Report_final.pdf



Figure 31. Number of Drug- and Alcohol-Related Intoxication Deaths Involving Heroin and/or Fentanyl, 2015.



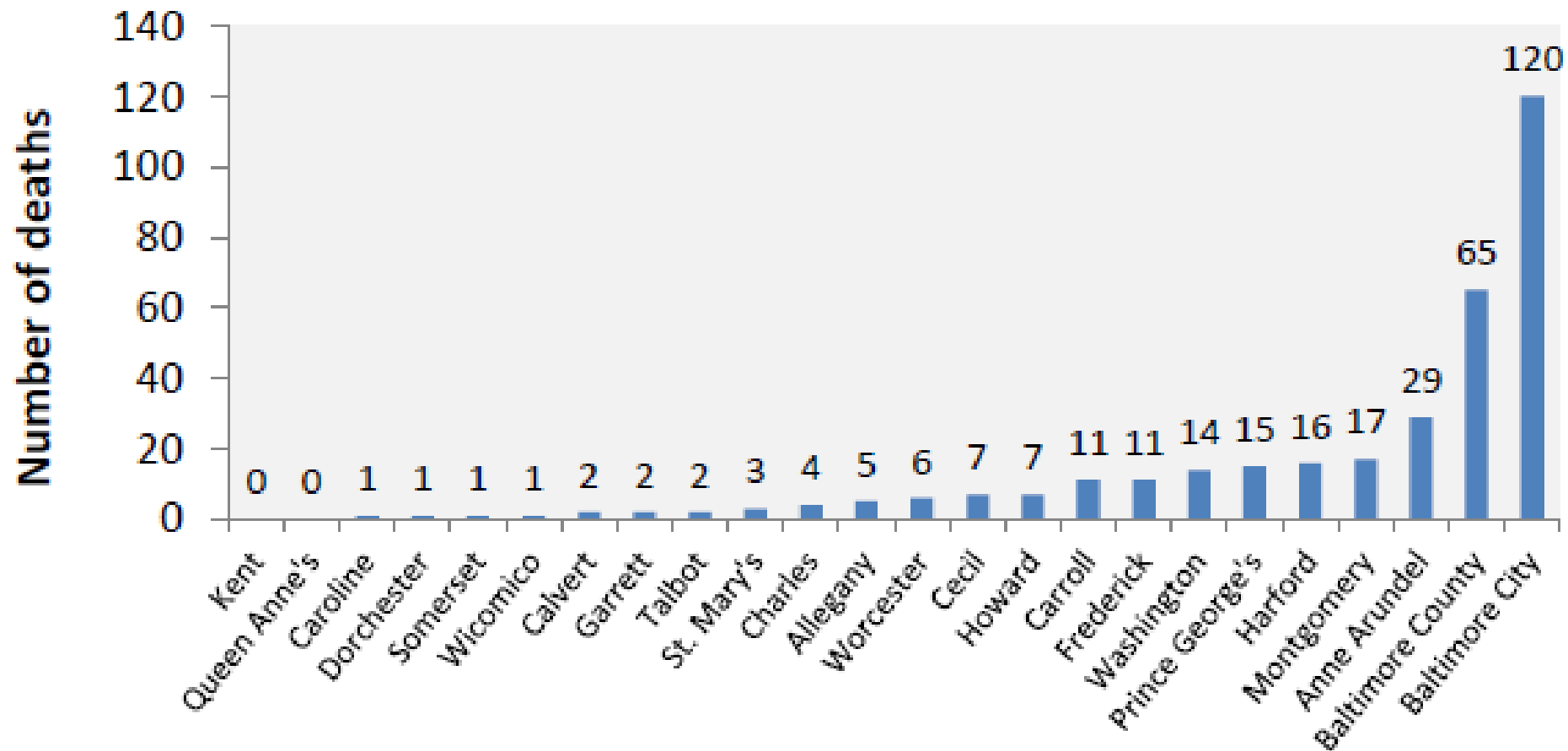
Combination of Substances Related to Unintentional Drug Deaths

Fentanyl

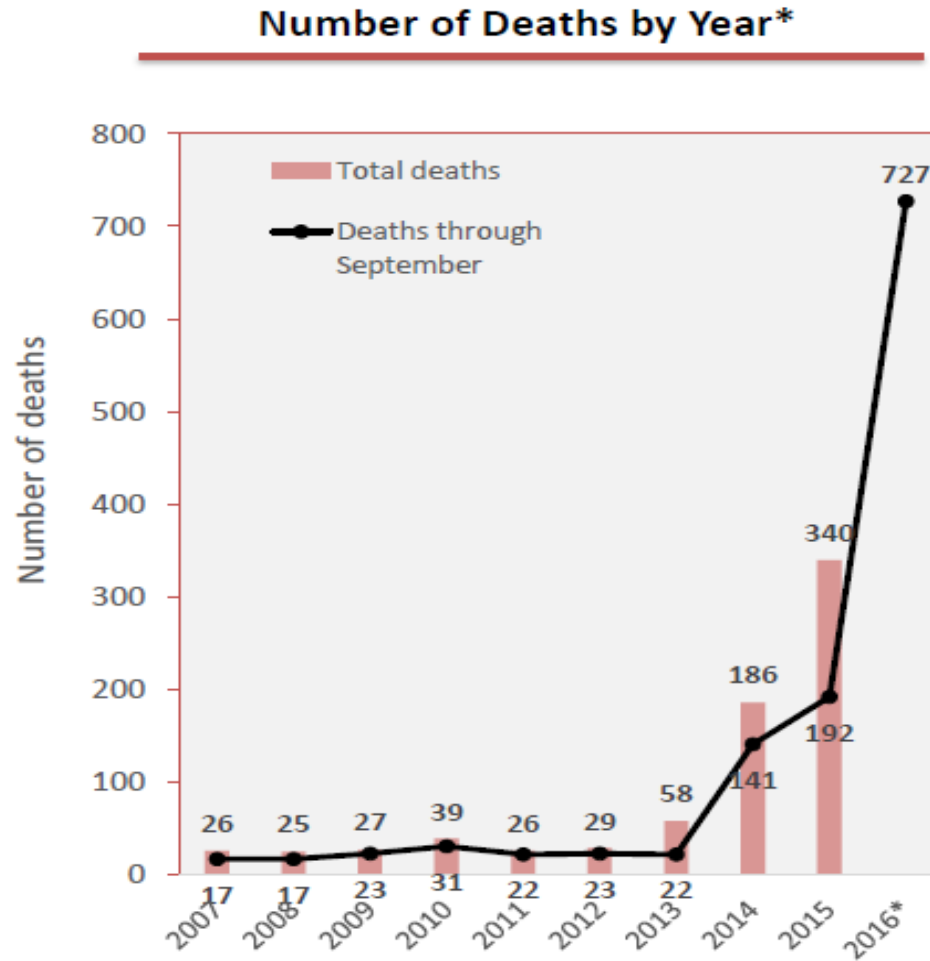
Total	340	
In combination		
With heroin	220	64.7
With cocaine	67	19.7
With alcohol	66	19.4
With prescription opioids	54	15.9
With benzodiazepines	16	4.7



Fentanyl Deaths in Nearly Every MD Jurisdiction, 2015



Fentanyl-related Deaths in MD, January – September, 2016



*2016 counts are preliminary



HARM REDUCTION 101



What is Harm Reduction?

“Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”

- Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects
- Incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they’re at”

Harm Reduction Coalition. <http://harmreduction.org/>



What is Harm Reduction?

You are already doing harm reduction!

- Overdose education is harm reduction
- Naloxone distribution is harm reduction
- Drug courts and diversion programs, medication assisted treatment, drug decriminalization, syringe exchange, and peer-delivered services are harm reduction



Why is Harm Reduction So Important NOW?

- The presence of fentanyl increases overdose risk and demands that we rethink our communications and prevention strategies
- A population of drug users who may have survived opioid overdoses in the past are now at much higher risk of death
- Non-opioid drug users may now be at risk for opioid overdose
- Naloxone is one of our most important tools in the context of an unpredictable drug supply



Qualitative Research: What Do Drug Users Know?

In order to meet drug users “where they’re at,” we need to know where they are!

Learning more about drug users’ knowledge, perceptions, and experiences helps us:

- Understand the risks faced and put these risks in a larger social and environmental context
- Find out what services and policies are helpful for drug users
- Offer harm reduction strategies that are applicable to drug users’ lives
- Better craft education and prevention messages



Qualitative Research: What Do Drug Users Know?

“Heroin in Transition” study: NIH/NIDA funded, 2015-2016
ethnographic fieldwork in Baltimore

“Heroin” described as:

- High quality, chemical feel/taste
- Sometimes sold as fentanyl, sometimes desired by users, however effect is short-lasting and users know this
- Some fear/concern; some old-timers are doing “tester shots,” which is unusual culturally, but may show there is enough fear

“Scramble” – white heroin, fluffy, powdery, sold in capsules

- Mixed locally and containing multiple powders
- Not as powerful as “raw” heroin but better rush
- Highly variable in price, volume, color, duration of effect (0.5 – 12 hours)
- Growing in popularity and market share

Dan Ciccarone, Jay Unick, Sarah Mars, Jeff Ondoscin. “Understanding the Relationship Between Prescription Opioid Misuse and Heroin Abuse.” <https://ndews.umd.edu/resources/understanding-relationship-between-prescription-opioid-misuse-and-heroin-abuse>



Qualitative Research: What Do Drug Users Know?

- Findings from real-time ethnographic surveillance using surveys and interview with 150 drug users in Rhode Island:
 - Injectors know fentanyl can be deadly
 - Most injectors prefer to avoid fentanyl
 - About half claim that fentanyl can be identified prior to injection
 - Risk reduction strategies are being used
 - Complex relationships with suppliers

Green, Traci C. and Marshall, Brandon. Emerging Illicit Fentanyl Overdose Epidemic: the View from Rhode Island.
Presented at the 2016 National Rx Drug Abuse & Heroin Summit.
<http://www.slideshare.net/OPUNITE/rx16-federal-tues2001gladden2halpin3green>



Injectors Know Fentanyl Can be Deadly



"I'd rather not have the fentanyl in it, because it's dangerous. You know, you can go out. You could die. A lot of people die, I'm sure you've heard, of dope mixed with fentanyl. And people, they dunno that there's fentanyl in the dope, and they'll do too much, know what I'm saying, and they'll go out. Know what I'm saying? And not come back."

Green, Traci C. and Marshall, Brandon. Emerging Illicit Fentanyl Overdose Epidemic: the View from Rhode Island. Presented at the 2016 National Rx Drug Abuse & Heroin Summit.
<http://www.slideshare.net/OPUNITE/rx16-federal-tues2001gladden2halpin3green>



MARYLAND
DEPARTMENT OF HEALTH
& MENTAL HYGIENE



Most injectors prefer to avoid fentanyl.
About half claim fentanyl can be
identified prior to injection.



“I knew right away because it was clear. When it’s really dark, it’s usually heroin. But when it’s lighter it’s always fentanyl. It’s even whiter in the bag. Way whiter in the needle. It’s almost like you’re shooting water. My hit, I want it dark.”

Green, Traci C. and Marshall, Brandon. Emerging Illicit Fentanyl Overdose Epidemic: the View from Rhode Island. Presented at the 2016 National Rx Drug Abuse & Heroin Summit.
<http://www.slideshare.net/OPUNITE/rx16-federal-tues2001gladden2halpin3green>



Risk reduction strategies exist, are imperfect.



Using the same supplier:
“Usually our guys have the same batch and use it for a long period of time...I’m not like out on the street buying it from random people. I know what I’m buying. So, that’s kinda how I—I don’t go through any new people. I don’t like chancing that.”

Green, Traci C. and Marshall, Brandon. Emerging Illicit Fentanyl Overdose Epidemic: the View from Rhode Island. Presented at the 2016 National Rx Drug Abuse & Heroin Summit.
<http://www.slideshare.net/OPUNITE/rx16-federal-tues2001gladden2halpin3green>



Risk reduction strategies exist, are imperfect.



Most people just make the best of it:

“I’m an everyday heroin user, and certain batches of dope that goes around has fentanyl in it, so if I look at the color of it, I know, I call my guy and he’ll tell me yea, there’s fentanyl in it, and I choose whether or not to use it.”

Green, Traci C. and Marshall, Brandon. Emerging Illicit Fentanyl Overdose Epidemic: the View from Rhode Island. Presented at the 2016 National Rx Drug Abuse & Heroin Summit.

<http://www.slideshare.net/OPUNITE/rx16-federal-tues2001gladden2halpin3green>



Q1 2016 Ethnographic Surveillance Summary

- Most users report preferring fentanyl-free heroin
- Fentanyl is pervasive and it's use is driven by supply, NOT demand
 - Fentanyl is cheap, available, efficient. The fact that users don't like it doesn't seem to matter
 - Users have little opportunity to inspect their product and have no recourse for protecting their basic rights as product consumers
- Few users feel like they have any way to protect themselves from the risks of fentanyl except treatment, abstinence from street drugs

Green, Traci C. and Marshall, Brandon. Emerging Illicit Fentanyl Overdose Epidemic: the View from Rhode Island. Presented at the 2016 National Rx Drug Abuse & Heroin Summit.
<http://www.slideshare.net/OPUNITE/rx16-federal-tues2001gladden2halpin3green>



HARM REDUCTION STRATEGIES RELATED TO FENTANYL



Adjusting OEND Training

- Prioritize those most at risk, as well as those most likely to witness and respond to overdose – **this means drug users**
 - Individuals with a history of overdose and drug-related hospital visits
 - Individuals who are currently incarcerated or in drug treatment, or were recently released
- Consider ways to reach a wider population of drug users, such as nonmedical prescription drug users and cocaine users
- Remember that nonfatal overdose is relatively common in the heroin using community; many people have survived overdose and witnessed others survive overdose. However, **fentanyl greatly increases the chances that an overdose will be fatal, even for experienced users.**



Adjusting OEND Training

Emphasize that individuals should:

- Act as soon as they identify the signs of opioid overdose
- Administer naloxone ASAP
- Be equipped with multiple doses, ideally in a group where multiple people are carrying naloxone
- Call 911 because of the need for more doses of naloxone and the increased likelihood of a medical emergency

Naloxone does WORK, if administered quickly and enough doses!



Discussing Overdose Risk and Harm Reduction

Discuss factors that increase the risk of overdose, such as:

1. Quality of the drug
2. Route of administration
3. Lowered tolerance
4. Using alone
5. Polysubstance use



Discussing Overdose Risk and Harm Reduction

1. Quality of the drug:

- The presence of synthetic opioids in tablets and powders dramatically increases the risk of overdose among people using them because they do not know what substances they are using or how much of the active substance or substances is included.
- When warning people who use drugs about novel synthetic opioids, **it should be made clear that it is the variability of the dose from one tablet or powder to the next that increases the risk of overdose**, not simply the potency or toxicity of the individual substance in question.

Canadian Centre on Substance Abuse Bulletin. Novel Synthetic Opioids in Counterfeit Pharmaceuticals and Other Illicit Street Drugs. June 2016. <http://www.ccsa.ca/Resource%20Library/CCSA-CCENDU-Novel-Synthetic-Opioids-Bulletin-2016-en.pdf>



Discussing Overdose Risk and Harm Reduction

1. Quality of the drug

Harm reduction strategies:

- Try to use the same supplier / a trusted supplier, when buying ask how it is and if there's anything you should know
- Compare powders or pills with other drug users, share information about products and brand names that are suspected or confirmed to contain fentanyl
- Be extra careful if you are using a new supplier
- Notice differences in color, consistency, the way it dissolves/heats, and the high from fentanyl-containing drugs versus heroin
- Assume pills are fake



Discussing Overdose Risk and Harm Reduction

2. Route of administration

- Injection is considered the highest risk route of administration.
- However, fentanyl has increased the risk of overdose when snorting/sniffing, as well as the risk from counterfeit pills.

Harm reduction strategies:

- If injecting, use a small amount at first and inject more slowly (“start low and go slow”)
- Snorting may be an easier way to control intake
- Messaging should address the increased risk of overdose when snorting/sniffing and/or swallowing pills due to fentanyl



Discussing Overdose Risk and Harm Reduction

3. Lowered tolerance

- Even opioid-tolerant users are at risk of overdose from fentanyl-contaminated heroin
- Completely opioid-naïve drug users may be impacted

Harm reduction strategies:

- Use a small amount at first to test the quality/strength before doing the whole dose or your usual amount
- Let non-opioid drug users know that they may be at risk of an opioid overdose even if they do not think they are taking opioids, and they should be equipped with naloxone



Discussing Overdose Risk and Harm Reduction

4. Using alone

- Extremely high risk; may be too difficult to address
- Ongoing conversations about the context of drug use and reasons for using alone may open opportunities to motivate behavior change

Harm reduction strategies:

- Encourage harm reduction strategies that can be used individually
- Try to use with someone, or in a place where help is nearby
- Make sure you and all your friends have naloxone and make a plan in case of overdose
- Take turns using, and wait to see if the other person is ok before using
- Check on people sooner than you would normally
- Keep extra doses of naloxone because it sometimes takes more than one dose to revive someone



Discussing Overdose Risk and Harm Reduction

5. Polysubstance use

- Most fatal overdoses are related to poly-drug use. Mixing opioids with other opioids, cocaine, benzos, or alcohol significantly increases risk of overdose.
- The more alcohol and/or downers in someone's system, the less heroin (or other opioid) needed to cause an overdose

Harm reduction strategies:

- Use one drug at a time, or use less of each drug
- Try to avoid mixing alcohol with heroin/pills
- If drinking or taking pills with heroin, do the heroin first to better gauge how high you are. Alcohol and especially benzos impair judgment so you may not remember or care how much you've used.

Harm Reduction Coalition. Mixing Drugs. <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/opioid-od-risks-prevention/mixing-drugs/>



Harm Reduction Messaging - Tips

In 2015, researchers conducted a series of focus groups with people who use drugs. Based on this research, they formulated guidelines to make drug alerts more effective:

- Flyers, posters or other advisories should avoid terms that might attract users, such as “potent,” “strong” or “more powerful,” which could inadvertently result in an increase in people seeking out the drug. **Better alternatives are “toxic,” “dangerous,” or “lethal,”** — terms that imply harm.
- Date information materials so that people know when something is a recent concern, not an ongoing issue.

Soukup-Baljak, Y., Greer, A. M., Amlani, A., Sampson, O., & Buxton, J. A. (2015). Drug quality assessment practices and communication of drug alerts among people who use drugs. *International Journal on Drug Policy*, 26(12), 1251–1257.



Harm Reduction Messaging - Tips

- Include specific calls to action. If individuals decide to use substances regardless of the danger, advise them to:
 - Make a plan in case of overdose;
 - Use a small amount to start; and
 - If an overdose is suspected, call 911, administer naloxone and perform rescue breathing.

- Consider mentioning some of the signs of an overdose, so people know what to look out for:

Early signs of opioid overdose include severe sleepiness; trouble breathing (can sound like labored snoring); slow, shallow breathing; cold, clammy skin; and unresponsiveness to pain.



Harm reduction – the Role of Syringe Services Programs (SSPs)

- During the 2016 MD legislative session, a law passed allowing local jurisdictions and community-based organizations in MD to operate syringe services programs
- Prospective programs must apply to DHMH and become authorized by the Department
- Syringe services programs provide sterile equipment to drug users in order to reduce disease transmission, but they also present a **vital opportunity to engage with a hard-to-reach population**



Fentanyl Messaging from DHMH

FENTANYL Alert: Overdose Deaths Rising
Call 1-800-422-0009
For treatment and recovery services



- Toxic in small amounts & can kill in minutes
- Mixed with & sold as heroin, cocaine & other drugs or pressed into fake Rx pills
- Unable to be detected by look, smell or taste
- A fentanyl OD can be reversed with naloxone (Narcan, Evzio). You, your family and your friends can carry naloxone.

MDDestinationRecovery.org

- Sent to all local health departments
- To receive the template for the production of additional cards, contact Margie Donohue at margie.donohue1@maryland.gov

Know the SIGNS

- Not breathing/loud snoring
- Won't respond to firm chest rub
- Blue lips & fingertips

Know how to RESPOND

- Call 911!
- Give NALOXONE
- Do CPR, wait for help to arrive

NALOXONE safely reverses an overdose from fentanyl, heroin & other opioids. Here's how to get it:

- **FREE training** and naloxone through the Maryland Overdose Response Program
- Your doctor can prescribe you naloxone and show you how to use it

For more information, visit *MDDestinationRecovery.org*



Four Facts About Fentanyl

①

Fentanyl is incredibly powerful and can cause an overdose.

Fentanyl is an opioid that is typically used in the hospital setting to treat severe pain. Fentanyl is 50-100 times more potent than morphine.

②

Fentanyl can be addictive.

Like other opioids, there is a risk of developing dependence or addiction. Additionally, it is fast-acting and short-lived. This could create the need for more frequent doses, increasing risk of overdose.

③

It can be cut into other drugs.

It can be sold in pill or powder form, and cut with other drugs like heroin or cocaine. **You can't see it, smell it, or taste it.**

④

Fentanyl-related deaths have skyrocketed in the last few years.

FENTANYL-RELATED DEATHS ACCOUNTED FOR 8% OF ALL OPIOID OVERDOSE DEATHS IN 2013. IT SPIKED TO 31% IN 2015.



Fentanyl Messaging from DHMH

Recently aired and available online:

- Two fentanyl PSAs (30 seconds and 15 seconds)
- One digital story (7 mins)
 - http://bha.dhmmh.maryland.gov/OVERDOSE_PREVENTION/Pages/Education-Campaign.aspx

Upcoming:

- Statewide Good Samaritan Law public education campaign
- Additional PSAs on reducing stigma and raising awareness of naloxone





DON'T let fentanyl KILL YOU

OVERDOSE IS REAL.

WARNING!! Look out for fentanyl-laced heroin.

Fentanyl Facts



2014

In 2014, one-quarter of all overdose deaths in Baltimore City were related to fentanyl.

72
DEATHS



2015

Between January and October alone, Baltimore City had already experienced 10 more deaths in 2015 than the year prior.

82
DEATHS

HERE'S HOW YOU CAN STAY ALIVE!!

Never use alone



Call 911



FENTANYL KILLS QUICKLY.

Make sure you and your friends carry NALOXONE kits.

Notice changes in color and texture and GO SLOW if it's different.



Do a tester shot. Don't slam it - try 10-20 cc's first.

If you are interested in FREE training in overdose prevention or drug treatment, call the Baltimore City Health Department: (410) 433 - 5175



www.dontdie.org



Baltimore City Fentanyl Initiatives

Letters to healthcare providers in OTPs and emergency departments in early 2016

Fentanyl Task Force Initiatives:

- Training all city frontline works to administer naloxone
- Fentanyl-related public education campaign (in development)
- Cross agency rapid response to overdose spikes in specific parts of the city using EMS data
- Distributing rapid drug testing kits to needle exchange clients (in development)

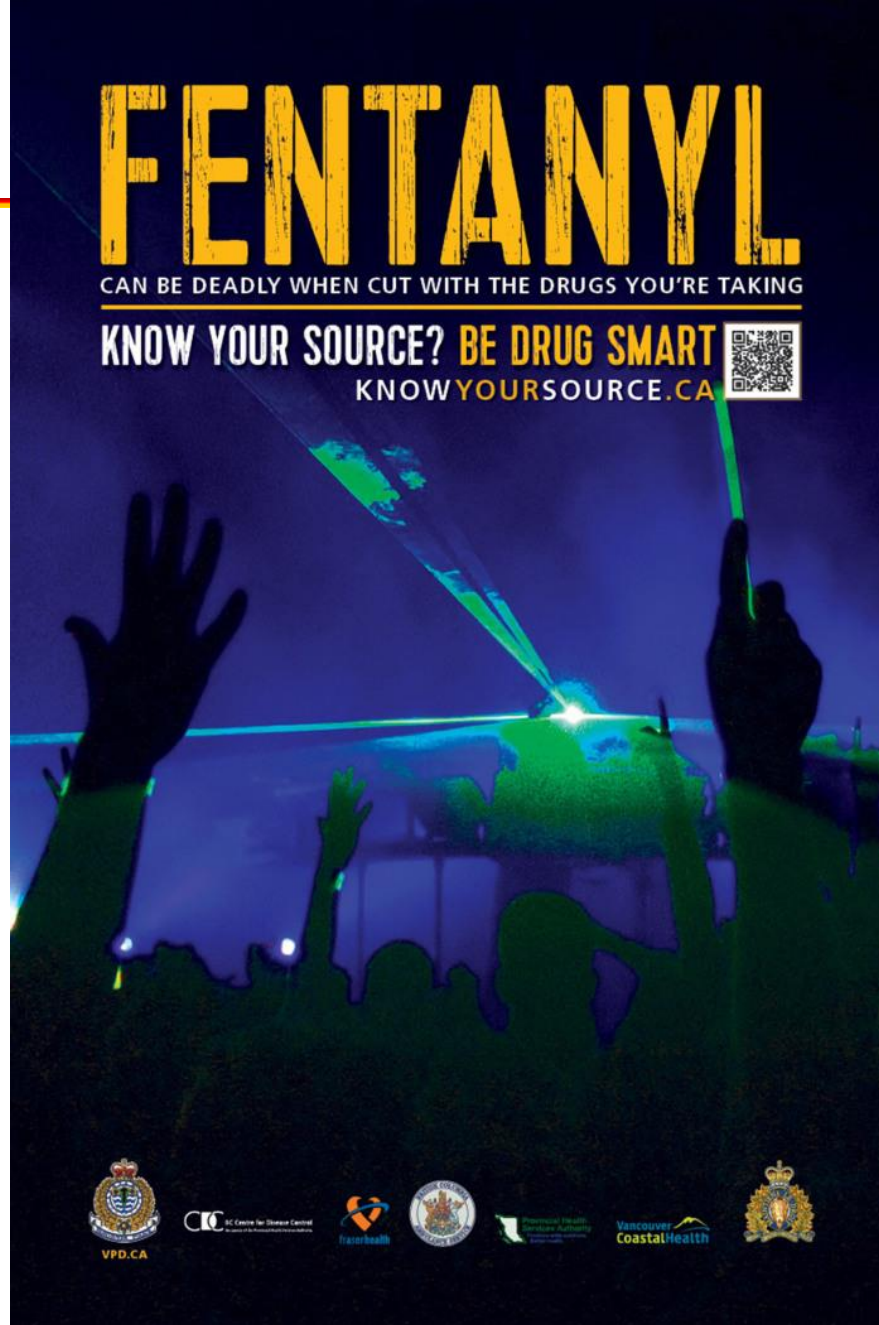


FENTANYL

CAN BE DEADLY WHEN CUT WITH THE DRUGS YOU'RE TAKING

KNOW YOUR SOURCE? **BE DRUG SMART**

KNOWYOURSOURCE.CA



CC BC Centre for Disease Control



Provincial Health Services Authority

Vancouver Coastal Health



<https://knowyoursource.ca/>



MARYLAND
DEPARTMENT OF HEALTH
& MENTAL HYGIENE

Bootleg Fentanyls

- These opioids may be in your drugs — in pills, heroin, cocaine, crystal meth etc.
- You can't see it, smell it, taste it or test for it.
- There is a risk of an opioid overdose, even if you are not using opioids.

If you use drugs:

- Do not use alone.
- Start with a small amount.
- Watch and wait before next person uses.
- Have naloxone ready.

An opioid overdose is a medical emergency:

- Call 911.
- Administer naloxone.
- Assist victim.



HEALTH ALERT! OVERDOSE DEATHS!!

Fentanyl is being sold in: Pill form sold as fake oxys, Norcos, other opiate painkillers, Xanax, and other club drugs, AND powder form as heroin, sometimes called “china white” or “fent dope.”

FENTANYL is 80-100x stronger than morphine. Respiratory depression (overdose) can happen quickly, so make sure there is Narcan on hand and that everyone knows the signs of overdose (unresponsive, dark lips/fingernails, pale/clammy/sweaty skin, shallow/raspy breathing, gurgling/snoring sound) and that action is taken quickly!

Please tell friends who take pills there are fentanyl containing counterfeits on the market in San Francisco, throughout California, and nationally. There is no quality control or regulated manufacturing process. These drugs may contain toxic contaminants or have different levels of fentanyl in each batch. Even pills produced in the same batch may have little to lethal levels of fentanyl.

There have also been recent reports of overdose deaths from point dope in the city this month.

NARCAN (available at all SF exchanges)

CALL 911

GIVE RESCUE BREATHS every 5 seconds



SF Syringe Access Collaborative



HEALTH ALERT! OVERDOSE DEATHS!!

Fentanyl is being sold in: Pill form sold as fake oxys, Norcos, other opiate painkillers, Xanax, and other club drugs, AND powder form as heroin, sometimes called “china white” or “fent dope.”

FENTANYL is 80-100x stronger than morphine. Respiratory depression (overdose) can happen quickly, so make sure there is Narcan on hand and that everyone knows the signs of overdose (unresponsive, dark lips/fingernails, pale/clammy/sweaty skin, shallow/raspy breathing, gurgling/snoring sound) and that action is taken quickly!

Please tell friends who take pills there are fentanyl containing counterfeits on the market in San Francisco, throughout California, and nationally. There is no quality control or regulated manufacturing process. These drugs may contain toxic contaminants or have different levels of fentanyl in each batch. Even pills produced in the same batch may have little to lethal levels of fentanyl.

There have also been recent reports of overdose deaths from point dope in the city this month.

NARCAN (available at all SF exchanges)

CALL 911

GIVE RESCUE BREATHS every 5 seconds



SF Syringe Access Collaborative



There are recently-verified,
fentanyl-containing counterfeits of the
following products in circulation:

A215s (Actavis 30 mg oxycodone)



CDN80s (Canadian generic 80mg oxycodone)



Xanax bars (Pfizer 2mg alprazolam)



Norco 539 (Norco 325/10 hydrocodone/APAP)



There are recently-verified,
fentanyl-containing counterfeits of the
following products in circulation:

A215s (Actavis 30 mg oxycodone)



CDN80s (Canadian generic 80mg oxycodone)



Xanax bars (Pfizer 2mg alprazolam)



Norco 539 (Norco 325/10 hydrocodone/APAP)



USING DRUGS?

FENTANYL IS IN NYC

Fentanyl is a dangerous opioid that's showing up in heroin, cocaine and street pills marked as Xanax®



YOU CAN'T SEE, TASTE OR SMELL FENTANYL



USE WITH SOMEONE ELSE: If you overdose, you want someone around to help.



TAKE TURNS: Don't use at the same time, and be prepared with naloxone. Have a phone on hand in case you need to call 911.



TEST YOUR DRUGS: Use a small amount first to see how strong your drugs are. Even a tiny amount of fentanyl can cause an overdose.



CARRY NALOXONE: More than one dose of naloxone may be needed to reverse a fentanyl overdose.



AVOID MIXING DRUGS: Mixing drugs—including alcohol—increases your risk of overdose.

HELP US SPREAD THE WORD. If you think you've come across fentanyl, let a staff member know.



MARYLAND
DEPARTMENT OF HEALTH
& MENTAL HYGIENE

Other Harm Reduction Policies and Programs

Other countries, such as Canada, are pursuing a number of innovative policies in response to the increasing severity of the fentanyl-related overdose crisis:



- Heroin-Assisted Treatment
- Supervised drug consumption spaces / supervised injection facilities



Summary

“Fentanyl will remain an extremely dangerous public safety threat while the current production of non-pharmaceutical fentanyl continues and will continue to expand as new fentanyl products attract additional users. Heroin use and availability are likely to continue to increase in the near term, and heroin overdose deaths will continue at high levels. The factors contributing to these deaths (ready availability of high-purity, low-cost heroin and a large influx of new users) continue to occur. However, the high numbers of heroin overdose deaths may be mitigated by the expanding access to naloxone that is occurring.”

- Drug Enforcement Administration, National Drug Threat Assessment 2016

- Fentanyl and novel synthetic opioids are the new reality
- Current evidence suggests that naloxone WORKS, but must be administered as soon as possible, and multiple doses may be required
- Targeted education and dialogue with active drug users is key to becoming aware of emerging drug trends, identifying spikes in overdoses, and spreading harm reduction messages



References

- Drug Enforcement Administration, Office of Diversion Control, Drug & Chemical Evaluation Section. Fentanyl. March 2015. https://www.deadiversion.usdoj.gov/drug_chem_info/fentanyl.pdf
- Gladden RM, Martinez P, Seth P. Fentanyl Law Enforcement Submissions and Increases in Synthetic Opioid-Involved Overdose Deaths – 27 States, 2013-2014. MMWR. <https://www.cdc.gov/mmwr/volumes/65/wr/mm6533a2.htm>
- Canadian Centre on Substance Abuse Bulletin. Novel Synthetic Opioids in Counterfeit Pharmaceuticals and Other Illicit Street Drugs. June 2016. <http://www.ccsa.ca/Resource%20Library/CCSA-CCENDU-Novel-Synthetic-Opioids-Bulletin-2016-en.pdf>
- Drug Enforcement Administration. Emerging Threat Report Mid-Year 2016. <https://ndews.umd.edu/sites/ndews.umd.edu/files/pubs/emergingthreatreport2016mid-year.pdf>
- Centers for Disease Control and Prevention. MMWR Weekly. Nonpharmaceutical Fentanyl-Related Deaths – Multiple States, April 2005 – March 2007. July 25, 2008. 57(29);93-796. <https://www.cdc.gov/MMWR/preview/mmwrhtml/mm5729a1.htm>
- Canadian Centre on Substance Abuse. CCENDU Drug Alert. Illicit Fentanyl. June 2013. <http://www.ccsa.ca/Resource%20Library/CCSA-CCENDU-Drug-Alert-Illicit-Fentanyl-2013-en.pdf>
- DHMH Warns of Potent and Deadly Drug Combination. Department of Health and Mental Hygiene. January 31, 2014. <http://dhmh.maryland.gov/newsroom/Pages/DHMH-Warns-of-Potent-and-Deadly-Drug-Combination.aspx>
- Deaths Related to Fentanyl-Laced Heroin and Other Illicit Drugs. Department of Health and Mental Hygiene. July 2014. http://dhmh.maryland.gov/data/Documents/fentanyl%20brief_draft.pdf
- Drug Enforcement Administration. DEA Issues Nationwide Alert on Fentanyl as Threat to Health and Public Safety. March 18, 2015. <https://www.dea.gov/divisions/hq/2015/hq031815.shtml>



References

- Centers for Disease Control and Prevention. Increases in Fentanyl Drug Confiscations and Fentanyl-related Overdose Fatalities. HAN Health Advisory. October 26, 2015. <https://emergency.cdc.gov/han/han00384.asp>
- U.S. Department of Justice Drug Enforcement Administration Diversion Control Division. National Forensic Laboratory Information System 2015 Annual Report. September 2016. <https://www.nflis.deadiversion.usdoj.gov/DesktopModules/ReportDownloads/Reports/NFLIS2015AR.pdf>
- Drug Enforcement Administration. Counterfeit Prescription Pills Containing Fentanyls: A Global Threat. DEA Intelligence Brief. July 2016. https://content.govdelivery.com/attachments/USDOJDEA/2016/07/22/file_attachments/590360/fentanyl%2Bpills%2Breport.pdf
- Centers for Disease Prevention and Control. Influx of Fentanyl-laced Counterfeit Pills and Toxic Fentanyl-related Compounds Further Increases Risk of Fentanyl-related Overdose and Fatalities. HAN Health Advisory. August 25, 2016. <https://emergency.cdc.gov/han/han00395.asp>
- Drug Enforcement Administration. National Drug Threat Assessment Summary. 2016. <https://www.dea.gov/resource-center/2016%20NDTA%20Summary.pdf>
- Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2015. Department of Health and Mental Hygiene. http://bha.dhmh.maryland.gov/OVERDOSE_PREVENTION/Documents/2015%20Annual%20Report_final.pdf
- Drug- and Alcohol-related Intoxication Deaths in Maryland. 2016 Quarterly Report – 2nd Quarter. Department of Health and Mental Hygiene. September 22, 2016. [http://bha.dhmh.maryland.gov/OVERDOSE_PREVENTION/SiteAssets/Pages/Data-and-Reports/Quarterly%20report_2nd%20quarter%202016%20\(1\).pdf](http://bha.dhmh.maryland.gov/OVERDOSE_PREVENTION/SiteAssets/Pages/Data-and-Reports/Quarterly%20report_2nd%20quarter%202016%20(1).pdf)



References

- Harm Reduction Coalition. <http://harmreduction.org/>
- Dan Ciccarone, Jay Unick, Sarah Mars, Jeff Ondoscin. “Understanding the Relationship Between Prescription Opioid Misuse and Heroin Abuse.” <https://ndews.umd.edu/resources/understanding-relationship-between-prescription-opioid-misuse-and-heroin-abuse>
- Green, Traci C. and Marshall, Brandon. Emerging Illicit Fentanyl Overdose Epidemic: the View from Rhode Island. Presented at the 2016 National Rx Drug Abuse & Heroin Summit. <http://www.slideshare.net/OPUNITE/rx16-federal-tues2001gladden2halpin3green>
- Harm Reduction Coalition. Mixing Drugs. <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/opioid-od-risks-prevention/mixing-drugs/>
- Soukup-Baljak, Y., Greer, A. M., Amlani, A., Sampson, O., & Buxton, J. A. (2015). Drug quality assessment practices and communication of drug alerts among people who use drugs. *International Journal on Drug Policy*, 26(12), 1251–1257.
- Department of Health and Mental Hygiene. Public Service Announcements and Digital Story. http://bha.dhmdh.maryland.gov/OVERDOSE_PREVENTION/Pages/Education-Campaign.aspx
- Baltimore City Fentanyl Task Force. <http://dontdie.org/fentanyl-task-force/>
- Know Your Source. <https://knowyoursource.ca>
- Fentanyl is in NYC poster. <https://www1.nyc.gov/assets/doh/downloads/pdf/mental/fentanyl-poster.pdf>



Questions?

Kirsten Forseth, MPH

Overdose Prevention Policy Analyst

Maryland DHMH / Behavioral Health Administration

Kirsten.forseth@maryland.gov

410-402-8659

